



BLACKMOOR GENERAL INSURANCE AGENCY
SMALL FLEET PRIMARY TRUCKING APPLICATION
Ph: 267-495-2300 • E-mail: quote@blackmooragency.com

Submit Date : _____ Date Quote Required: _____ Effective Date: _____

Agency Name: _____ Phone Number: _____ Ext. : _____

Agency E-mail: _____ Fax Number: _____

Company Name: _____

Has Company had a Name Change Within the Last 5 Years? If so List Prior Name Below:

Mailing Address: _____

City: _____ State: _____ Zip Code: _____ County: _____

Contact Person: _____ Phone Number: _____

Fax #: _____ E-mail: _____ Number of Years in Business: _____

Federal ID #: _____ Docket #: _____ USDOT #: _____

Coverages/Limites Requested:

Auto Liability	Physical Damage	Motor Truck Cargo	Cargo Deductible	General Liability
\$750,000	_____ Total Values	\$50,000	\$1,000 Deductible	\$1,000,000
\$1,000,000	\$1,000 Deductible	\$100,000	\$2,500 Deductible	\$ _____
Hired/Non Owned	\$2,500 Deductible	\$150,000	\$ _____	Non-Owned
\$ _____	\$ _____	\$ _____	Trailer Interchange	Phys. Dam.
\$ _____ UM Limit	Comp/Coll	Reefer Breakdown	\$25,000	\$25,000
\$ _____ PIP Limit	Specified Perils/Coll		\$ _____	\$ _____

Number of Tractors: _____

Number of Trailers: _____

Radius	Percent
0-50 miles	%
51-200 miles	%
201-500 miles	%
Over 500 miles	%
Average Radius	
Max. Radius	

Trailer Types	Percent
Dry Van	%
Reefer Van	%
Flat Bed	%
Dump	%
Tank	%
Other	%

Estimated Annual Mileage: _____ Estimated Annual Revenue: _____

States: _____

Major Cities: _____

UNITS REVENUE AND MILEAGE		Actual and Estimated - ONLY NEEDED IF QUOTING OVER 10 UNITS		
	Period	Units	Revenue	Mileage
Projected				
Current				
1 st Prior				
2 nd Prior				
3 rd Prior				

List Commodities Hauled	Average Value (\$)	Max Value (\$)	% of Total Hauls
			%
			%
			%
			%
			%

Main Shippers:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

DRIVER LIST: Attach Additional

Driver Name	DOB	Hire Date	License #	State	Yrs Exp

TRACTOR LIST:

Year	Make	Model	VIN #	Value	o/o = owner operator or n/i = named insured	Lienholder & Address

TRAILER LIST:

Year	Make	Model	VIN #	Value	o/o = owner operator or n/i = named insured	Lienholder & Address

* Please Attach 3 Years of Loss Runs

* Were there any Losses > \$25k within last 3 years? If Yes, please describe:

SIGNATURES		
<p>I hereby certify that the foregoing statements and answers are a just, full and true exposition of all the facts and circumstances with regard to the risk to be insured, insofar as same are known to me, and the same are hereby made as the basis and condition of the insurance. Any person who, with the intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud and subject to fines and/or imprisonment. By signing below, I affirm full knowledge of and adherence to current D.O.T. Safety Regulations, and hereby apply for insurance with respect to the coverages stated herein.</p>		
APPLICANT'S SIGNATURE	TITLE	DATE
PRODUCER'S NAME	ADDRESS	PHONE #
PRODUCER'S SIGNATURE		DATE